



York County, Virginia Internet Web Site Photograph Release – Child

Please Note: A Separate Form is Needed for Each Child

I _____ give consent for the County of York,
(please print full name)
Virginia to use my child's photograph on the County's Official Web Site in conjunction with
the following department/agency: _____ .
(please print department or agency requesting release)

Name of Child

Signature of Parent or Legal Guardian

Date

Please return this form to:

*York County Webmaster
Computer Support Services
Post Office Box 532
Yorktown, VA 23690-0532*